DOCUMENT RESUME

ED 283 063 CG 019 952

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TITLE Community Post-Tornado Support Groups: Conceptual Issues and Personal Themes.
PUB DATE 23 Aug 86
NOTE 16p.; Paper presented at the Annual Convention of the American Psychological Association (94th, Washington, DC, August 22-26, 1986). For related documents, see ED 282 163 and CG 019 951.
PUB TYPE Reports - General (140) -- Speeches/Conference Papers (150)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS Community Services; Coping; *Crisis Intervention; *Emotional Adjustment; Emotional Response; *Group Counseling; *Natural Disasters; *Social Support Groups
IDENTIFIERS North Carolina

ABSTRACT

Crisis intervention and post-disaster practitioners have recommended nontraditional services such as action oriented strategies and the building of new social support networks. Guidelines for establishing and operating such groups are sparse and not organized into a comprehensive approach. A literature search did identify several rationales to support the concept of using new social support networks in contrast to existing and ongoing natural groups. New groups composed of disaster survivors allow for unique opportunities to share and cathart at an empathic level not possible even with family members not impacted by the disaster. Disasters tend to disrupt existing networks, so emerging survivor groups often create a unique mutual aid system. Newly formed groups probably have a greater receptivity to action-oriented and structured intervention efforts. These conceptual issues were brought together in a comprehensive strategy of post-disaster group counseling following a series of devastating tornados in rural eastern North Carolina which occurred on March 28, 1984. The clinical issues and themes which were expressed in the four groups were categorized and summarized. It was concluded that the several guidelines which were identified from previous studies and combined to create the strategy employed helped generate the breadth and abundance of themes and issues which were observed in the group sessions. (Author)

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Community Post-Tornado Support Groups: Conceptual Issues and Personal Themes

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Presented at American Psychological Association, August 23, 1986

Washington, DC

CG 019952

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Abstract

Crisis intervention and post-disaster practitioners have increasingly recommended more non-traditional services such as action oriented strategies and the building of new social support networks. Guidelines for establishing and operating such groups are rather sparse and not organized into a comprehensive approach. A literature search did identify several rationales to support the concept of utilizing new social support networks in contrast to existing and ongoing natural groups. New groups composed of disaster survivors allow for unique opportunities to share and cathart at an empathic level not possible even with family members not impacted by the disaster. Disasters tend to disrupt existing networks, so emerging survivor groups often create a unique mutual aid system. Newly formed groups also probably have a greater receptivity to action-oriented and structured intervention efforts. These conceptual issues were brought together in a comprehensive strategy of post-disaster group counseling following a series of devastating tornados in rural eastern North Carolina which occurred on March 28, 1984. The clinical issues and themes which were expressed in the four groups were categorized and summarized. The breadth and number of disaster-related personal issues generated in the groups were seen as remarkable by the facilitators. It was concluded that

the several guidelines which were identified from previous studies and combined to create the strategy employed helped generate the breadth and abundance of themes and issues which were observed in the group sessions.

Community Post-Tornado Support Groups: Conceptual Issues and Personal Themes

Introduction

Over the past 10 years policy-makers, administrators and community mental health practitioners have become increasingly sophisticated in their attempts to provide crisis intervention services to those affected by natural disasters (Cohen, 1985). Reports summarizing mental health services to disaster survivors have recommended non-traditional services including assertive community outreach and the building of support networks (Heffron, 1977; Richard, 1974; Tuchman, 1973; Zarle, Hartsough, and Ottinger, 1974). Solomon (1985) has observed that mental health professionals can facilitate the construction of new social support networks for disaster victims through the formation of crisis groups. She noted attempts to establish such groups following several types of disasters met with variable success. While the crisis group is a promising vehicle for post-disaster intervention, few guidelines have been offered for establishing and operating such groups. It is our purpose in this presentation to review the sparse literature in this area and to bring together some relevant conceptual issues about the use of groups in post-disaster counseling following a series of devastating tornados in rural eastern North Carolina. We will also present a description of the clinical themes and

issues generated by this approach. The specific intervention methods utilized as well as attendant evaluation data are presented in the companion poster presentation, Community Post-Tornado Support Groups: Intervention and evaluation by Susan McCammon, Leslie Parker and Randy Horton.

Conceptual Issues

Use of Group Methods in Crisis Intervention

Group counseling in crisis intervention has followed the principles discovered by Lindemann (1944) and extended by Caplan (1964). The success Lindemann had in counseling with victims of the famous Coconut Grove fire led to the notion that people who suddenly suffer significant loss can be aided by brief grief counseling. Caplan observed that families who had a premature infant adapted in either healthy or unhealthy ways. Those who had healthy outcomes were families that faced problems squarely, thought about them, and sought information to help solve them. Family interaction and sharing facilitated the outcome. There was good communication and clear role assignments among the members. The expression of feelings was encouraged. The opposite was true for the families who adapted poorly to a premature birth.

Strickler and Allgeyer (1967) and Morley and Brown (1969) extended the earlier work into a crisis intervention setting with heterogeneous groups of clients. They tried open-end group

membership and six weekly sessions. They kept the discussion focused at first on the precipitating event and the previous coping behavior which failed. The treatment included group support, exploring alternative coping mechanisms, and expressing feelings. The outcomes were positive in that destructive behavior and anxiety were reduced, self concepts improved, and the clients learned more adaptive problem solving strategies for future crisis.

Farberow (1976) reports studies of long-term, intermediate and drop-in group treatment for suicidal clients of the Los Angeles Suicide Prevention Center. He states that subjective reports of the participants indicated a very positive reaction to treatment. The group leaders also saw constructive behavior changes in most of the clients, with lethality reduced and self perceptions improved. Coping behavior also improved, as evidenced by social behavior, work like changes, and reduced reliance on self-destructive "crutches."

Although the Farberow work and other studies just described which involve crisis clients do not represent disaster situations, they indicate that group methods do work with people in crisis situations.

Use of Group Approach in Disaster Counseling

In most reports of a disaster crisis counseling intervention effort that the authors have reviewed, some mention

has been made of group methodology. The types of groups, their purposes, composition, structure and meeting places vary quite a bit. All the reports indicate that the group sessions have been meaningful to the participants, and that positive results have occurred in helping people make a better adjustment to their experience.

Natural and existing groups are frequently utilized in these intervention programs. The family is often seen in such recovery efforts, and the use of neighbor and friendship ties has also been incorporated in group intervention strategies (Smith, 1983). However, Solomon's (1985) focus on new social support networks is especially relevant to the present study. In particular, establishing the new groups from the roll of disaster survivors provides unique advantages.

Grossman (1973) reported on a series of support groups which included survivors, relatives and mental health workers following a Chicago train wreck. A vital recovery element for those who participated was grounded in the experience of survivors catharting and sharing with other survivors. Participants uniformly felt that not even family members could adequately understand and empathize with the felt trauma.

As Solomon (1985) notes, a disaster may disrupt existing social networks which in turn is itself an additional source of stress. Centering recovery efforts around emerging survivor

groups creates a new and unique group solidarity that can be utilized as an active mutual aid system providing the emotional sustenance of new friendships and confidants.

Along yet another tack, the development of newly formed support groups permits a higher degree of flexibility to facilitators for structuring overall group operation, since specific expectations and fixed patterns of response are not as likely to exist as would be the case with kinship or friendship groups in operation prior to the disaster. Facilitators may well have a greater opportunity for success at structuring in action oriented, problem focused intervention efforts--which have been found to be the more effective crisis intervention approach (Hart, 1974; Robinson and Campbell, 1976).

With regard to the place of meeting for post-disaster groups, Farberow (1978) and others have noted that meeting places in community facilities other than the "stigmatizing" Mental Health Center is conducive to greater success. Apparently the "neutral" gathering place helps avoid the various connotations which foster resistance to attendance.

In summary, the literature does provide some relevant guidance for the effective use of post-disaster group counseling. First, the use of group process in post-disaster intervention is pervasive. Groups composed of survivors have advantages by virtue of their inherent newly formed nature. The

more effective active intervention group strategies may be employed to better advantage in this particular circumstance. Operating post-disaster counseling groups in a "neutral" setting is also reportedly conducive to greater success.

These guidelines were combined and systematically operative in the groups developed following the North Carolina tornado disaster to be described further in this presentation. We intend now to briefly elaborate the background circumstances which led to the creation of the groups and to present a description of the breadth of clinical issues and themes emerging from the group process structured in this manner. In addition, the poster session mentioned above which is a companion to this presentation will elucidate the specific group structure, evolution, intervention techniques and evaluations of the four groups.

The 1984 Carolinas' Tornado Community Crisis Group Circumstances and Beginnings

During the evening and late hours of March 28, 1984 a series of tornadoes coursed through South Carolina and Eastern North Carolina causing traumatic personal injury, loss of life and extensive economic devastation. Directly in the path of this great crippling sweep lay small (pop. 16,117) agrarian Greene County North Carolina. With surprising speed the County governing body created the Greene County Disaster Committee

whose two paid coordinators assessed the damage in both economic and human terms. Within five weeks the Disaster Committee convened a first community group meeting at the county seat's extension college. Two consulting mental health personnel from adjoining Pitt County conducted proceedings with the fifty some adults and children who ventured out. Several months later, three groups were established in the adjoining Pitt County program.

Clinical Issues and Themes Expressed

People who had been injured and lost loved ones or property expressed in varied measure the tragedy thrust in their lives. There was talk of feeling stunned and paralyzed at the impact and of not recognizing the severity of what had occurred. People wondered about their automatic actions immediately around the event. One woman spoke of "spacing out" periods where time went by but she couldn't account for it.

Another recurrent theme was the anxiety and fear which settled in with daily life. Stimuli however remotely connected with weather triggered unsettling worries. Adults and children alike sought the security of being with others.

Anger, depression and guilt appeared frequently, as did feelings of distance from those who missed damage. Resentment of bureaucratic slowness and supposed capriciousness surfaced.

Following is a categorization and description of these issues and themes expressed in the support groups:

PTSD symptoms:

Based on responses to symptom checklist, 2/3 of respondents endorsed symptoms consistent with PTSD diagnostic criteria.

Physical issues:

Physical injuries, insomnia, decreased appetite, "my pounding heart," weight loss/gain, headaches.

Emotional issues:

Frustration, grief, anxiety, emotions out of control, crying, oversensitive, irritability, fears (especially fear of storms, being alone), feeling of not being the same, feeling something is going to happen, guilt/thankfulness, feeling of "I can't get over it," not feeling "at home" in new surroundings, gratitude for community support and people caring--emotional work delayed for those with especially severe physical injuries.

Cognitive issues:

Am I normal?, decreased memory and ability to concentrate, "unless you were there you can't understand," decreased ability to make decisions, worry, hard to regain interest in things, catastrophic thinking, relating of loud noises, storms, dark clouds to tornado, dread of next spring with

approaching tornado season, social comparison, religious ideas very important for many.

Behavioral issues:

Explicit description of tornado experience, need to tell and re-tell story, withdrawal, "clamming up," less effort to get out and resume activities.

Helper issues:

Frustration, can't do enough, "wish I could do more," "feels good to play Santa," countertransference.

Conclusions

The breadth and number of the disaster related personal issues and themes generated in these groups seemed rather remarkable to the facilitators. Some participants progressed from a kind of initial "elective mutism" to a position of being expressive of both feelings and ideas related to their disaster experience. The one vehicle that almost universally occurred with participants as they transitioned out of their shell and took a position of active group membership was the "telling of one's story." Each person had a style, a pace and a content of his/her own, but that ubiquitous catharsis distinguished virtually each individual's coming out of self into the group. We believe that the structuring of the group experience based in part on the principles identified from several individual literature sources described above and combined for use in these

groups helped facilitate the breadth and abundance of themes and issues generated.

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